LONDON CANCER ALLIANCE
West and South

Pathway group chairs quarterly forum

Date	4 December 2014	**Time**	3-5pm
Meeting Chair	Ron Beaney [RB]	**Location**	LCA Boardroom

Present:	Muti Abulafi [MA]	Natalie Doyle [ND]
	Julia Chisholm [JC]	Barry Powell [BP]
	Chris Nutting [CN]	Louise Soames [LS]
	Shelley Dolan [SD]	Peter Clarke [PC]
	Andrew Hodgkiss [AH]	Alex Taylor [AT]
	Nigel Sykes [NS]	Justin Vale [JV]
	Nick Hyde [NH]	Claire Dowling [CD]
	Kate Haire [KH]	Satvinder Mudan [SM]
In Attendance	Michelle Chen [MC]	Nicola Glover [NG]
	Michelle Bull [MB]	Falguni Raja [FR]
	Falguni Raja [FR]	Caitriona Liebenberg [CL]
	Ricki Ostrov [RO]	Stephen Scott [SS]
	Salma Abadi [SA]	
Apologies	Mairead Griffin	Majid Kazmi
	Liz Sawicka	Will Teh
	Jamie Ferguson	George Hanna
	Tom Newsom-Davis	Amanda Ramirez

Notes and actions

Agenda item	Notes and actions	Responsible
1.	**Welcome and introductions** Apologies and attendees for the meeting have been noted above	
2.	**Matters Arising** **2.1 Notes from the meeting 11 September 2014** It was agreed that minutes dated 11 September 2014 will be published on the LCA website. **Action: LCA Communication team to publish on LCA website.** **2.2 Update on E&T Strategy** Ros Given-Wilson is developing the strategy and has been contacting pathway chairs to discuss their pathways' needs and priorities. The LCA has received money from the LETBE which needs to be spent by the end of this financial year, and will be used to develop the E&T strategy and a series of stakeholder engagement events. The strategy needs to reflect what is required across all the pathways. **Action: Pathway chairs to contact Ros Given-Wilson if they haven't already engaged in this process.**	RO Pathway chairs
3.	**LCA Service Configuration Matrix and configuration process** The matrix was developed as a number of the Model of Care recommendations focused on surgical service reconfiguration. The LCA process map will standardise the process that needs to be followed for reconfiguration. The matrix, which has 5 key components, will be used to develop recommendations to be taken to Clinical Board and then Members' Board for approval. CD emphasised that the recommendations from the pathways need to be, robust, and evidence based. **Action: All pathway groups evaluating service configuration will follow the LCA standardised process to ensure he evidence base is robust and impartial.**	Pathway chairs
4.	**Treatment Summaries: background, rationale and next steps** NG provided an update on treatment summaries, explaining what they are, how they are used and the benefits. The use of treatment summaries is in the commissioning intentions and contracts for this financial year; while there won't be financial penalties for not using them, use will be monitored. A wide ranging discussion included how to make them more meaningful; who should be responsible for completing them; could they replace letters to GPs from consultants; whether there is an IT solution to some of the issues, for instance, developing a generic template with drop down menus to ease completion; whether they would be useful audit tool in future. ND noted that this is a good opportunity for the LCA, as the use of treatment summaries is an important national issue and it would be beneficial to the LCA if it could lead the way on improving their use.	

5.	**SACT data** NHS England intends to publish SACT data at some point in the future. Concerns were expressed about what is being published, whether data can be misinterpreted – particularly by the media – once in the public domain, and whether data currently submitted by Trusts are accurate, comprehensive and up to date. Further discussion took place on the key issues, including how Trusts can be encouraged to improve data quality, and how information can be used to demonstrate compliance to protocols. RB emphasised that the group felt the data were not ready for publication, and wanted to express their concerns. It was agreed that a letter would be drafted from clinical directors Mr Nick Hyde and Dr Shelley Dolan, and pathway chair Dr Jamie Ferguson. **Action: Letter to be sent to Chemotherapy Intelligence Unit expressing LCA's concerns.**	
6.	**Cancer Waiting Times performance and timed pathways** At a strategic clinical network meeting CD and SS attended, performance against the 62 day urgent GP referral to 1st treatment standard was discussed as this is an important issue nationally. SS provided an overview of the current performance within the LCA and key areas to consider. Highlights were: • The 62 day urgent GP referral to 1st treatment standard has not been met for more than 6 quarters within the LCA, and 3 quarters nationally. The performance for the LCA population in Q2 2014/15 was the lowest performance seen across the LCA since the target was introduced. This reflects the national picture. • The National Cancer Waiting Times Taskforce has highlighted 55 trusts nationally which are of concern. It was noted that 11/55 (20%) of these trusts are within the LCA. • At Trust/site level only 6/18 met the standard in Q2 2014/15. • Performance at tumour level varies greatly, with breast and skin consistently reporting above the 85%, but other tumour types performing below 75%. (gynaecology 73%, head and neck 72%, urology 71%, lung, 71%, lower GI 64%). • 62 day performance by sector does vary for some tumour types, which could potentially provide the opportunity for different sectors of the LCA to learn from practice in another area. It was noted that 5 tumour types – brain/CNS, upper GI, urology, skin and children's – were not meeting the 2 week wait standard; thus there is an opportunity to improve the pathway at the beginning of the 62 day pathway. A few examples of the tumour level performance were reviewed. It was noted that analysis was available at this level for pathway groups, and that this could be split further into the tumour sites, within pathway groups. The group also discussed the quality of the free text breach reasons, which the group agreed were poor. SS highlighted that the LCA had been approached by TCST to look at developing	

	timed 62 day pathways for each pathway group. It was agreed that the LCA pathway groups were best placed to develop these timed pathways where they were not already in place. A wide ranging discussion took place on possible reasons for breaches of CWTs, It was felt that capacity issues, underperformance in A&E and other clinical areas, problems with DNAs, all contribute to problems with meeting cancer waiting times. It was agreed that this issue should also be discussed at the January cancer clinical leads meeting. **Action: CWT performance will be put on the agenda for the LCA cancer clinical leads meeting in January.** **Action: All pathway chairs must develop timed, auditable pathways by the end of February 2015.This can be generic (LCA) or tumour specific.**	CD/KH Pathway chairs
7.	**Feedback from pathway chairs on performance against cancer waiting time standards** Pathway chairs discussed factors contributing to their pathways not meeting CWT standards, including capacity, pathway navigation issues, very high demand in some tumour types.	
8.	**AOB** To improve communication with project managers, pathway chairs were asked to acknowledge receipt of requests within 48 hours.	

Next meeting details

Date	12 March 2015	**Time**	3-5pm
Meeting Chair	Ron Beaney	**Location**	LCA Boardroom

Full meeting schedule

Meeting date	Time	Location
11 June 2015	3-5pm	LCA Boardroom
10 September 2015	3-5pm	LCA Boardroom
10 December 2015	3-5pm	LCA Boardroom